

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553,519

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5		2				
6	1	1				
7		1				
8	1	1				
9		1				
10	1	1				
11	1	1				
12	1	1				
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43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	23	←		←		←
TOTAL CLAIMS	24					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						